

APPENDIX

DRAFT
EARLY CHILDHOOD EDUCATION CURRICULUM FRAMEWORK
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Recruitment and Outreach Strategies

This information has been prepared in order to provide all Abbott school districts with a plethora of recruitment strategies relative to the Early Childhood Education Program. Also attached is a form that can be used by all Abbott school districts in reporting Recruitment Plans and expenditures of local dollars as well as ECPA funds. The purpose of the form is to provide the department with a general overview of the district's current recruitment and outreach strategies and to share that information with other Abbott school districts.

Each Abbott school district is unique and therefore no one strategy will work in every district. Rather, given the socio-economic as well as the ethnic composition of a specific school district, certain strategies may be more effective. The school district must take the time to research and analyze the demographics of its community. The goal of the preschool program is rather direct - to educate the greatest number of three-and four-year-olds as possible.

I. Consortiums

Every community has to some degree, a broad spectrum of organizations, both religious and social. These organizations should be brought together through a Citizens Action Committee concept, which will provide representation from each and every organization, which in turn, represents the spectrum of people within the boundaries of the school district.

A. Examples of various Community Groups

1. Ministers from every church, synagogue, or other house of worship representing every denomination within the boundaries of the school district.
2. Social clubs, community groups and nationally recognized organizations (Scouting, YMCA, Rotary, Lions, Kiwanis, Police Athletic League, Hispanic and Black Coalitions, etc.)
3. Major employers in the district.
4. Local, State or National Agencies and/or Charitable groups, i.e. DYFS, Welfare, unemployment, Drug Treatment, Volunteers of America, Salvation Army, religious, daycare centers, unwed mothers groups, etc.
5. Professional and labor Organizations (unions, teachers, general workers, etc.)

II. Other Reliable Sources of Information

1. Door to door canvassing similar to census taking. Very tedious but can be very effective. Depending on neighborhoods, canvassers should speak the predominant language of the residents.
2. School enrollment forms for school aged children should include a place for parents or guardians to indicate “other children in the household and their ages”.
3. School records of those girls enrolled in either the school sponsored maternity class or girls on homebound instruction for maternity.
4. The local or community Public Health Agency or visiting nurses, etc.

III. General Advertisement/Awareness Programs

1. Using the consortiums above (fliers, posters, payroll ads, messages through newsletters, bulletins, etc.) identify and recruit people within these organizations to identify specific universes. There may be several contacts to one family and that will provide credence to the program.
2. Fliers and/or bulletins placed in shopping bags at all retail stores. Important to have the message in the language (s) of the community, direct and to the point.
3. Phone information services should be available with a different number for the specific language.
4. If government/municipal access Cable TV Channel is used and/or local radio PSA must be acutely sensitive to languages.
5. Owners may provide Billboard messages in the neighborhoods free as a public service.
6. Encourage local politicians to include support for the program in newsletters, political mailings, campaign literature, etc.
7. Prior to registration dates, sound cars may travel in district neighborhoods, providing enrollment messages in the predominate language, advertising dates, times, etc., of registrations. Also, staff could provide fliers and information.
8. If possible, hold recruitment fairs in the neighborhood at local churches. Residents will feel more comfortable coming to familiar surroundings then to government/municipal offices.
9. Representation at every community event that draws residents. Set up table and provide information in all languages. Have knowledgeable people on-site who can answer questions.

Recruitment is ongoing and takes time, creativity and energy. The goal should be to register as many three-and four-year-olds in the program as possible. The school district’s strategies must be approached, in earnest, and assigned to an individual or individuals who know the community and who understand the necessity of public relations. Recruitment is a year-round process.

Draft RECRUITMENT STRATEGIES REPORTING FORM

School District: _____ Contact Person _____

Phone: [] _____ FAX: [] _____ E-mail : _____

**Please provide examples of materials used, whether in print, recorded or photographs.
Please feel free to include additional comments on attached sheets.**

Description of Strategy or Project. Be brief and concise, but thorough.	Date (s) Of Projects	COSTS Local Share – ECPA Funds	Estimated Number of contacts.	Effectiveness COMMENTS of Project: P=Good, F= Fair G= Good E=Excellent	

DRAFT
EARLY CHILDHOOD PROGRAM AID AND ABBOTT PROVIDER
ONE-YEAR OPERATIONAL PLAN
FULL-DAY/FULL-YEAR PROGRAM

INSTRUCTIONS

Each community provider must submit a one-year operational budget for the 2002-2003 school year. The provider must meet the standards set forth in N.J.A.C. 6A:24-3.3.

The budget/reporting form is divided into four (4) sections, which indicate general expenses, the quantity or number of each individual item(s), and the unit cost or cost per item. The funding source section is divided into four (4) parts:

1. Per pupil funds (tuition rate);
2. DHS (Department of Human Services);
3. District (funds separate from per pupil); and
4. Other funding sources.

The DHS column is included for any funds that are earmarked specifically as DHS funding. For example, care beyond the six-hour day that ECPA provides, would fall under the DHS column (before or extended day care, etc.). The last column is for any other funding that the provider receives such as grants, general funds, etc. Any categories that do not fit into the aforementioned funding source columns would fall into the other funding column. Finally, the total column calculates the total cost per line item. The purpose here is to determine just what is the cost to provide Abbott services. All budgets for the educational portion of the day shall be based on a 6-hour, 180 day school year. The Department of Human Services will fund the wrap-around and summer services for the remaining 65 days for the 245 full-year program. In the budget narrative, verify that the total number of Abbott classrooms is accurately reflected on the budget-reporting sheet. Follow the instructions below to complete the attached budget for an Early Childhood Program Aid and Abbott Provider One-Year Operational Plan, and identify all of funding sources.

SALARIES

All salaries must be listed and based on the amount of time spent in the Abbott classroom. Certain salaries, if prorated, must be prorated based on the amount of time spent in the Abbott classroom. An example of a prorated salary may be a Director's position. The Director's position must be prorated in order to reflect the percentage of students that he/she is servicing as it relates to Abbott children and the amount of time on task. The same procedure must be done for the remaining positions where responsibilities are prorated; such as, custodian, family worker, nurse, clerical, food service worker, and substitute(s) must be appropriately noted, especially the full-time positions. For a certified teacher, this indicates that the teacher has a BA and a P-3 Certification. For non-certified teachers, you must indicate their education and qualifications, as it would reflect different salaries depending on the person's background. For teacher's assistant, the same procedure must be followed. Please note for the substitute's section, that when teachers attend professional development, DHS funds cover substitutes for

APPENDIX C

this item. When sick and vacation time is needed and a substitute has to cover that teacher's class, ECPA funds are appropriate in this area. Also, indicate the appropriate funding source(s) under this area.

FRINGE BENEFITS

In this column, indicate the percentage of fringe benefits as it relates to instruction of Abbott children. Only costs associated with the Abbott classroom can be charged to the district, all other costs must be prorated with the center's other funding sources.

PROFESSIONAL FEES

In this column, indicate the percentage of accounting/auditing, payroll and legal fees as it relates to the instruction of Abbott children. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources.

MATERIALS AND SUPPLIES

Indicate in this column your per pupil expenditure for materials, supplies, field trips, office, household/janitorial and medical/first aid supplies for Abbott children. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources. If the district funds this apart from the per pupil allocation, it should be listed in the district column.

SPACE COSTS

This column must be prorated to indicate the amount that contributes to serving Abbott children. The rent must be prorated to indicate the square footage of the childcare center as it relates to serving Abbott children. Utilities and fire insurance must also be prorated to indicate the amount that contributes to servicing Abbott children. All fixed costs must be identified. The actual space that is utilized as an Abbott classroom must be identified as well.

OTHER COSTS

The department will determine a consistent and statewide percentage for indirect costs to indicate the amount that contributes to servicing Abbott children in such areas as: telephone, insurance, staff development, dues, advertising, public relations, equipment and repairs, staff travel, transportation and food. Under advertisement, if the center is advertising for the recruitment of Abbott classroom teachers, this cost would be covered under per pupil funds. If it is general advertisement for the center, this is a cost to the center and should be budgeted within the center's funds. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources.

APPENDIX C

ABBOTT PROVIDER BUDGET WORKSHEET

Total Number of classrooms:		Unit Cost	Funding Source				
Total Number of Abbott classrooms:			per pupil	DHS funded services	District funded services	Federal funds (e.g., Head Start)	Other funding (grants, general funds, etc.)
Expenses	Number						
<i>SALARIES</i>							
Director							
Certified Teacher (BA + P-3)							
Teacher (BA)							
Teacher (non BA)							
Teacher (Summer w/ BA)							
Teacher (Summer w/ Non BA)							
Teacher Assistant (15 credits ECE)							
Teacher Assistant (HS diploma)							
Janitor							
Family Worker							
Nurse							
Clerical							
Food Service Worker							
Substitutes							
<i>FRINGE BENEFITS</i>							
FUI							
FICA							
Hospitalization							
Life Insurance							
Pension							
<i>TOTAL SALARIES AND BENEFITS</i>							
<i>PROFESSIONAL FEES</i>							
Accounting/Auditing							
Payroll							
Legal Fees							
<i>MATERIALS AND SUPPLIES</i>							
Classroom							
Field Trips							

APPENDIX C

Total Number of classrooms:		Unit Cost	Funding Source				
Total Number of Abbott classrooms:			ECPA per pupil expenditures	DHS funded services	District funded services	Federal funds (e.g., Head Start)	Other funding (grants, general funds, etc.)
Expenses	Number						
Office							
Household/Janitorial							
Medical/First Aid							
SPACE COSTS							
Rent							
Utilities							
Fire Insurance							
OTHER COSTS							
Telephone							
Insurance							
Staff Development							
Dues, Subscriptions, Publications							
Advertising, Public Relations							
Equipment and Repairs							
Staff Travel							
Transportation							
Food							
GRAND TOTAL							

**DRAFT
OPERATIONAL PLAN COMPLIANCE EVALUATION GUIDELINES**

Purpose of self-study

District personnel systematically evaluate their program according to their approved early childhood education one-year operational plan, recognize those areas in compliance and identify those areas in need of improvement or compliance by performing the self-study. If necessary a corrective action plan is developed to make changes. The self-study is to be completed each year by the district (similar to the District's Quality Assurance Annual Report).

Purpose of evaluation

The purpose of the evaluation is to assess a district's overall progress in complying with their approved early childhood education one-year operational plan, identify areas not in compliance and to review the district's corrective action plan. Technical assistance will be offered as necessary. Districts will be evaluated every three years.

Preparation guidelines for evaluation visit and self-study

A program development institute will be held to establish the format of the on-site evaluation visit as well as guidelines to complete the self-study. The same evaluation checklist will be used for the district's self-study and the Division of Early Childhood Education (DECE) evaluation. This checklist is taken directly from the early childhood education one-year operational plan. For easy access to the documentation of each component the evidence should be organized and labeled in folders or the location of the evidence should be noted adjacent to the corresponding component on the evaluation checklist.

Procedure

The program compliance review will involve a visit to the district by a team of state and county educational specialists, and representatives from Division of Family Development. The length of the visit will be contingent upon the size of the district. The team will conduct a desk audit and an on-site evaluation visit that may include, but is not limited to, the district and/or provider classrooms, offices, and playgrounds. The early childhood education supervisor or his/her designee should be prepared to demonstrate the status of the following components if applicable to their approved early childhood education one-year operational plan:

1. Curriculum Development Activities
 - Curriculum used
 - Field trips
 - Assemblies/Classroom guests
 - Bilingual/ESL inclusive education activities
 - Special Education inclusive activities

2. Program Planning and Development
 - Staffing
 - Materials
 - Technology
 - Transportation
 - Playground Equipment
 - Classroom Equipment
 - Classroom Furniture
 - Recruitment and Outreach Plan
3. Community Collaboration
 - Community based providers
 - Classroom budget
 - Wrap-around-care provider
4. Professional Development
 - In-district staff development
 - Out- of- district staff development
5. Health and Social Services
6. Parent Education Activities

Evidence

Documentation of compliance may take the form of a desk audit, observation of program and/ or interview of personnel. Specific evidence the reviewers will be looking for consists of:

- Activity documentation such as records of work activities, meetings, training sessions, events, sample agendas or fliers, materials/handouts, participant's lists, evaluations, or board minutes.
- Educational program and assessment documentation such as samples of plans, computer software used, student portfolios, assessment tools, testimony of staff, handbooks for parents and staff, and teacher professional improvement plans.
- Program planning and development such as purchase orders for equipment and materials or proposed expenditures, health records, ABB-1 forms, etc.

Corrective action plan

Upon the results of evaluation, the district is to develop a corrective action plan to implement the recommendations for program compliance. The DECE or a representative shall ensure that the district is provided with technical assistance to implement the corrective action plan. The corrective action plan must be implemented within thirty days of the formal notification of the program compliance review.

EARLY CHILDHOOD PROGRAM AID

**ABBOTT SCHOOL DISTRICT
ONE - YEAR OPERATIONAL PLAN
CHECKLIST FOR
PROGRAM COMPLIANCE**

**Self-Study
Checklist for
Program
Compliance**

**FISCAL YEAR
July 1, 2001 – June 30, 2002**

Date: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<u>1</u>	<u>Curriculum Development Activities</u> Identify the curriculum being used in the preschool program. (If more than one, list each and number of classrooms each is used in.) <hr/> curriculum in use # of classrooms <hr/> curriculum in use # of classrooms <i>Evidence:</i> <i>Curriculum Compliance Form</i>						
<u>1.1</u>							
<u>1.2</u>	Field trips <i>Evidence:</i> <i>List field trips, dates to attend and copies of purchase orders</i>						
<u>1.3</u>	Assemblies/classroom guests <i>List assemblies, dates, and copies of purchase orders</i>						

DRAFT – SELF STUDY
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<u>1.4</u>	Bilingual/ESL inclusive education activities <i>Evidence: Provide sample lesson plan to demonstrate inclusive activities</i>						
<u>1.5</u>	Special Education inclusive activities <i>Evidence: Provide sample lesson plan to demonstrate inclusive activities</i>						
<u>1.6</u>	Other						

DRAFT – SELF STUDY
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<u>2</u> <u>2.1</u> In-district programs must fill in all applicable spaces, include other district staff if applicable.	<u>Program Planning and Development</u> _____to be served by _____ (1:15) (# of children) (# of classroom teachers) <i>Evidence:</i> <i>Attach ABB1 forms to document class size</i> Teacher Salary _____ at \$ _____ # of teachers salary (average) Teacher Benefits: _____ at \$ _____ # of aides salary (average) Master Teachers' Salary (1:20 preschool classrooms) _____ at \$ _____ # of master teachers salary (average) Master Teacher Benefits						

DRAFT – SELF STUDY
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
	Administrator Salaries _____ at _____ # of administrators/ salary (average) supervisors <i>(list each separately)</i> Administrator Benefits _____ at _____ # of administrators/ benefits supervisors Support Staff Salaries _____ at \$ _____ # of professional salary (average) support staff <i>(list each separately by type)</i> Support Staff Benefits _____ at \$ _____ # of clerical salary (average) support staff <i>(list each separately by type)</i> Other: List salaries and benefits for each.						

DRAFT – SELF STUDY
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<p><u>2.7</u> Provide evidence to demonstrate need for classroom furniture, if applicable.</p> <p><u>2.8</u> List costs for the activities already described in Part 1.</p> <p><u>2.9</u></p>	<p>Classroom Furniture <i>Evidence:</i> <i>Purchase orders or funding source if not purchased yet)</i></p>						
	<p>Recruitment/Outreach Plan <i>Evidence:</i> <i>Sample flyers, newspaper clippings, mailings, etc.</i></p>						
	<p>Other (give specifics)</p>						

Date: _____

County: _____

District: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<u>3</u>	<u>3.1</u> <u>Community Collaboration</u> List the name of each DHS provider the district will contract with, the number of children to be contracted for and the per pupil amount. <u>Name of Provider</u> <u># of Slots</u> <u>Per Pupil Amount</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <i>Evidence:</i> <u>3.2</u> <i>Attach a sample classroom budget for each contracted center to provide evidence of the per pupil amount.</i>						

DRAFT – SELF STUDY
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments/ Corrective Action Plan if Applicable
				Y	N	N/A	
<u>6</u>	<u>Parental Involvement</u>						
<u>6.1</u>	Parent education workshops <i>Evidence:</i> <i>Description of workshop</i> <i>Roster of attendees</i> <i>Date of workshop</i> <i>Individual Evaluations</i> <i>Purchase Orders</i>						
<u>6.2</u>	Parent participation activities <i>Evidence:</i> <i>Description of activity</i> <i>Roster of attendees</i> <i>Date of activity</i> <i>Individual Evaluations</i> <i>Purchase Orders</i>						
<u>6.3</u>	Other (give specifics)						

EARLY CHILDHOOD PROGRAM AID

**ABBOTT SCHOOL DISTRICT
ONE - YEAR OPERATIONAL PLAN
CHECKLIST FOR
PROGRAM COMPLIANCE**

**On-Site Checklist
for Program
Compliance**

**FISCAL YEAR
July 1, 2001 – June 30, 2002**

**DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN**

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<u>1</u>	<p><u>Curriculum Development Activities</u></p> <p>Identify the curriculum being used in the preschool program. (If more than one, list each and number of classrooms each is used in.)</p> <p>_____ curriculum in use # of classrooms</p> <p>_____ curriculum in use # of classrooms</p> <p>_____ curriculum in use # of classrooms</p> <p><i>View: Curriculum Compliance Form</i></p> <p><u>1.2</u> Field trips</p> <p><i>List field trips, dates to attend and copies of purchase orders</i></p> <p><u>1.3</u> Assemblies/classroom guests</p> <p><i>List assemblies, dates, and copies of purchase orders</i></p>						

**DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN**

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<u>1.4</u>	Bilingual/ESL inclusive education activities						
<u>1.5</u>	<i>View sample lesson plan to demonstrate inclusive activities</i>						
	Special Education inclusive activities						
<u>1.6</u>	<i>View sample lesson plan to demonstrate inclusive activities</i>						
	Other						

**DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN**

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<u>2</u>	<p>Program Planning and Development</p> <p><u>2.2</u> Fill in all applicable spaces and provide necessary evidence. _____ at \$ _____ #of existing materials and supplies classrooms <i>View purchase orders of itemized costs or funding source if not purchased yet</i></p> <p><u>2.3</u> Provide evidence to demonstrate need for technology, if applicable. _____ at \$ _____ #of new materials and supplies classrooms <i>View purchase orders of itemized costs or funding source if not purchased yet</i></p> <p>Technology <i>View purchase orders of itemized costs or funding source if not purchased yet</i></p> <p><u>2.4</u> Provide evidence to demonstrate need for transportation, if applicable. Transportation <i>View bus contracts</i></p>						

DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

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Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<p><u>2.5</u> Provide evidence to demonstrate need for playground equipment, if applicable.</p>	<p>Playground Equipment <i>(an item costing more than \$2,000 per item is considered equipment)</i></p> <p><i>View purchase orders of itemized costs or funding source if not purchased yet</i></p>						
<p><u>2.6</u> Provide evidence to demonstrate need for classroom equipment, if applicable.</p>	<p>Classroom Equipment <i>View purchase orders of itemized costs or funding source if not purchased yet</i></p>						

**DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN**

Reviewer: _____

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Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<p><u>2.7</u> Provide evidence to demonstrate need for classroom furniture, if applicable.</p> <p><u>2.8</u> List costs for the activities already described in Part 1.</p> <p><u>2.9</u></p>	<p>Classroom Furniture <i>View purchase orders of itemized costs or funding source if not purchased yet</i></p> <p>Recruitment/Outreach Plan <i>View sample flyers, newspaper clippings, mailings, etc.</i></p> <p>Other (give specifics)</p>						

DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN

Reviewer: _____

Date: _____

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District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliance			Comments
				Y	N	N/A	
<u>3</u>	<u>3.1</u> <u>Community Collaboration</u> List the name of each DHS provider the district anticipates contracting with, the number of children to be contracted for and the per pupil amount. <u>Name of Provider</u> <u># of Slots</u> <u>Per Pupil Amount</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <u>3.2</u> <i>View sample classroom budget for each contracted center to provide evidence of the per pupil amount.</i>						

Date: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliant			Comments
				Y	N	N/A	
<u>3.3</u>	Wrap-around Collaboration List the name of each provider the district will contract with, the number of children to be contracted and the per pupil amount. <u>Name of Provider # of Slots Per Pupil Amount</u>						
<u>3.4</u>	<hr/> Other (give specifics)						

**DRAFT – ON-SITE VISITATION
CHECKLIST FOR REVIEWING COMPLIANCE OF APPROVED
ABBOTT 2001-2002 EARLY CHILDHOOD PROGRAM AID PLAN**

Reviewer: _____

Date: _____

Department: _____

District: _____

County: _____

PROGRAM COMPONENT CODE	PROGRAM AND COMPONENT ACTIVITIES	Total cost per component	Identify Documentation	Compliant			Comments
				Y	N	N/A	
<u>4</u>	<u>Professional Development</u> In-district (describe each) <ul style="list-style-type: none"> • Consultants fees (if applicable) • Materials • Teacher/substitute stipends • Other (give specifics) <i>View:</i> <i>Description of workshop</i> <i>Roster of attendees</i> <i>Date of workshop</i> <i>Individual Evaluations</i> <i>Purchase Orders</i>						
	<u>4.1</u> Out-of- District (describe each) <ul style="list-style-type: none"> • Registration fees • Travel • Lodging • Food • Other (give specifics) 						
	<u>4.2</u> Other (give specifics)						

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				Y	N	N/A	
<u>5</u>	<u>Health and Social Services Activities</u>						
	<u>5.1</u> Medical screenings (describe each) <i>View documentation of current immunization form; parental permission slips for screening; home visitation, contact logs (if applicable)</i>						
	<u>5.2</u> Other (give specifics)						

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				Y	N	N/A	
<u>6</u>	<u>Parental Involvement</u>						
<u>6.1</u>	Parent education workshops <i>View:</i> <i>Description of workshop</i> <i>Roster of attendees</i> <i>Date of workshop</i> <i>Individual Evaluations</i> <i>Purchase Orders</i>						
<u>6.2</u>	Parent participation activities <i>(describe each)</i> <i>View:</i> <i>Description of activity</i> <i>Roster of attendees</i> <i>Date of activity</i> <i>Individual Evaluations</i> <i>Purchase Orders</i>						
<u>6.3</u>	Other (give specifics)						